

STATE: MINNESOTA
Effective: July 1, 2004
TN: 04-08
Approved: SEP 03 2004
Supersedes: 02-21

Supplement 1 to ATTACHMENT 3.1-A
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G. Payment: (continued)

5. Persons who are receiving case management services under Supplement 1c to this Attachment are not eligible to receive the case management services described in this supplement for that month.
6. Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.
7. The Department may suspend, reduce, or terminate the payment to a case management service provider that does not meet requirements, such as reporting. The county of responsibility, or, if applicable, the tribal agency, is responsible for any federal disallowances, but may share this responsibility with its contracted vendors.

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Supplement 1b to ATTACHMENT 3.1-A

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E. Payment: (continued)

3. Persons receiving case management services under Supplement 1c are not eligible to receive the case management services described in this supplement for that month.
4. Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.

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F. Freedom of choice:

The State assures that the provision of targeted case management services will not restrict a recipient's freedom of choice of provider in violation of section 1902(a)(23) of the Act.

1. An eligible recipient will have free choice of the providers of targeted case management services.
2. An eligible recipient will have free choice of the providers of other medical care under the State plan.

G. Payment:

Payment for targeted case management services paid on a monthly basis under the State plan does not duplicate payment made to public agencies or private entities under other program authorities for this same purpose.

1. Medicaid services that are otherwise eligible for payment on a separate schedule under rules of the Department are not eligible for payment as case management services.
2. Persons receiving mental health targeted case management services under Supplement 1 are not eligible to receive the targeted case management services described in this supplement for that month.
3. Persons receiving relocation service coordination services under Supplement 1b are not eligible to receive the case management services described in this supplement for that month.
4. Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.

13.d. Rehabilitative services.

Rehabilitative services are limited to:

- (1) Except as otherwise noted, services provided under the recommendation of a physician. The therapeutic treatment must be a part of the recipient's plan of care; and
- (2) Services that are medically necessary and the least expensive, appropriate alternative.

Mental health rehabilitative services are the following:

- **Community mental health center (CMHC) services** provided by a facility that meets the requirements of Minnesota Statutes, §256B.0625, subdivision 5.

The CMHC must be licensed under Minnesota Rules, parts 9520.0750 to 9520.0870 to provide mental health services under the clinical supervision of a mental health professional who is licensed for independent practice at the doctoral level, or by a board-certified psychiatrist, or a psychiatrist who is eligible for board certification. A CMHC's mental health team includes at least a:

1. licensed physician who has completed an approved residency program in psychiatry;
2. doctoral clinical, counseling or health care psychologist; and
3. clinical social worker with a master's degree in social work from an accredited college or university and/or a clinical psychiatric nurse with a master's degree in psychiatric nursing or a related psychiatric nursing program from an accredited college or university.

As needed, the mental health team may also consist of other professionals, paraprofessionals and disciplines. Staff qualifications are consistent with the specific service listed, below.

13.d. Rehabilitative services. (continued)

CMHC services are furnished by a private nonprofit corporation or a governmental agency that has a community board of directors. Providers must be capable of providing the services to recipients who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to recipients dually diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.

The following are included in the **CMHC services** payment:

1. Diagnostic assessment
2. Explanation of findings
3. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
4. Day treatment services
5. Professional home-based mental health services
6. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act.

Authorization is required for the following conditions:

- A. Services provided for more than 21 days.
- B. Services within 45 days of the last day a recipient received services.
- C. For a recipient under age 18, less than three hours of covered services per day.
- D. For a recipient at least age 18, less than five hours of covered services per day.

The provider must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

- Coverage of **day treatment services for mental illness** is limited to:

1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of

13.d. Rehabilitative services. (continued)

post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience.

2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.
3. Services provided in or by one of the following:
 - A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
 - B. Community Mental Health Center;
 - C. County contracted day treatment provider.
4. Services provided up to 15 hours per week.
- **Mental health community support services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner defined on page 53n 53s under the clinical supervision of a mental health professional.

The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

The following are eligible to provide mental health community support services:

1. An entity certified by the Department and operated by a county.
2. An entity certified by the Department based on a review and recommendation by the host county.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education

13.d. Rehabilitative services. (continued)

Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications and Training

1. A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
2. A mental health rehabilitation worker must:
 - A. Be at least 21 years of age;
 - B. Have a high school diploma or equivalent;
 - C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and
 - D. Meet the qualifications in (1) or (2) below:
 - (1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:
 - (a) Have three years of personal life experience with serious and persistent mental illness;
 - (b) Have three years of life experience as a primary caregiver to a person with a serious mental illness or traumatic brain injury; or

13.d. Rehabilitative services. (continued)

- (c) Have 4,000 hours of supervised paid work experience in the delivery of mental health services to persons with serious mental illness or traumatic brain injury; or
 - (2) (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;
 - (b) Receive monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;
 - (c) Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;
 - (d) Have review and cosignature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and
 - (e) Have 40 hours of additional continuing education on mental health topics during the first year of employment.
- E. Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services and other areas specific to the population being served.

13.d. Rehabilitative services. (continued)

Components of Mental Health Community Support Services

A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following two components. A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

1. Basic living and social skills, which may include:
 - A. Communication skills.
 - B. Budgeting and shopping skills.
 - C. Healthy lifestyle skills.
 - D. Household management skills.
 - E. Transportation skills.
 - F. Medication monitoring.
 - G. Crisis assistance skills, including relapse prevention skills and developing a health care document.
2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

13.d. Rehabilitative services. (continued)

A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as mental health community support services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services.
8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of medically needy mental health mental health community support services, and assisting potentially eligible people with applying for these services.
9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

- **Mental health crisis response services** are services recommended by a physician, mental health professional defined in item 6.d.A., or mental health practitioner defined on page 53n 53s.

The following are eligible to provide mental health crisis response services:

1. An entity operated by a county.
2. An entity under contract with a county.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Mental health practitioners and mental health rehabilitation workers must complete at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

1. **Crisis assessment.** Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

2. **Crisis intervention.** Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with